



Photo credit: Population Council

FLORENCE: A midwife success story

Florence Nwokoro is a nurse/midwife in one of Ebonyi State's 555 health facilities. Before July 2016, she had never met a woman with pre-eclampsia (PE), a hypertensive disorder of pregnancy and the country's leading cause of maternal death. Despite its contribution to 23 percent of the national maternal mortality rate, Florence had not been trained on PE detection, treatment, or management, or to administer magnesium sulphate (MgSO_4) to women with severe pre-eclampsia or those experiencing eclamptic convulsions. She could, however, recognize eclampsia, a complication of pre-eclampsia that can kill a woman and her baby; for an eclamptic woman, life-saving interventions are not always successful.

Between June and July 2016, Florence attended an Ending Eclampsia-led training on proper detection of pre-eclampsia, administration of the MgSO_4 loading dose for severe cases, and referral of PE/E patients to secondary facilities for management. Since then, she has seen three cases of hypertension during pregnancy and one woman with severe pre-eclampsia.

Florence's pre-eclamptic patient, Ms. Blessing Okeke*, arrived at the health facility with a severe headache. Florence checked her blood pressure (BP), which was 180/120, and conducted a urinalysis that revealed 2++ proteins.

*To protect her privacy, Blessing's real name has been changed.

Highlights

- Pre-eclampsia is a condition of pregnancy marked by increased blood pressure and protein in urine after 20 weeks gestation.
- High-quality antenatal care improves prevention and early detection of pre-eclampsia and can prevent progression to eclampsia.
- Eclampsia is a life-threatening condition characterized by convulsions in women with PE.
- Women in developing countries are 300 times more likely to die from eclampsia than women in developed countries.
- It can be managed by administering antihypertensive drugs and magnesium sulphate (MgSO_4).
- MgSO_4 is the safest and most effective treatment for severe pre-eclampsia and eclampsia, and is one of the 13 UN Life-Saving Commodities for Women and Children.
- PE/E and other hypertensive disorders in pregnancy increase the risk of pre-term births, which can lead to low birth weight, anemia, and stunting.

The Ending Eclampsia project seeks to expand access to proven, underutilized interventions and commodities for the prevention, early detection, and treatment of pre-eclampsia and eclampsia and strengthen global partnerships.



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FIGURE 1: Provider Knowledge of PE/E Prevention and Management

	(n=379)	
	Ebonyi (%)	National (%)
Calcium or aspirin as prophylaxis	33	14
Antihypertensive drugs	28	41
Magnesium sulphate	11	12
Calcium gluconate	7	7

"I diagnosed her with severe pre-eclampsia and asked if she experienced it in previous pregnancies. This was her fifth pregnancy and she never had hypertension, but said her mother was hypertensive," Florence said.

Florence prescribed an antihypertensive drug to lower Blessing's BP, and then referred her to the mission hospital. Later that day, Blessing returned to the health facility. Her husband could not afford the cost of travel to the mission hospital, and she still had a severe headache and was having difficulty breathing. Her BP was now 190/130, which prompted Florence to give a second dose of antihypertensive drugs.

Florence slept at the facility with Blessing, and woke at 2 a.m. to take her BP, which finally lowered to 180/100. To prevent the BP from increasing again, Florence administered a third dose of antihypertensive drugs.

"In the morning, I went with them to the mission hospital and we were there before 9 a.m.," Florence said. "They never gave her magnesium sulphate, but hydralazine instead because she was only 26 weeks into her pregnancy. They discharged her after one week."

Upon her return to the facility, Blessing had no signs of hypertension or PE-related symptoms.

"She is now 30 weeks and she goes to the mission hospital every Tuesday. She is healthy," Florence said.

Ending Eclampsia in Ebonyi State

Ebonyi State is one of three states in Nigeria, where the Ending Eclampsia project provides similar trainings, mentoring, and supportive supervision focused specifically on PE/E detection, prevention, and treatment measures.

Representing the Ministry of Health as the state's Safe Motherhood Coordinator (SMC), Mary Jane Nwobodo's mandate is to ensure babies born in Ebonyi and mothers are safe from pregnancy-related complications. Her role is to build health providers', including midwives, capacity to support pregnant women during ANC visits, in labor, and during the postnatal period.

If there are gaps in providers' skills sets, it is Mary Jane's job to work with partners like Ending Eclampsia, UNICEF, and UNFPA to bring them up to standard by providing supportive supervision and on-the-job trainings that span a range of potential maternal health complications, including management and treatment of PE/E and using non-pneumatic anti-shock garments to prevent hemorrhage.

"The Ending Eclampsia project is doing this in an elaborate, effective way because devoting one hour to any issue is not enough, Mary Jane said. "Ending Eclampsia is training providers for two or three days at a time to really make sure that every provider knows what they need to know about PE/E."

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